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ABSTRACT

Many of the health problems experienced by youth are caused by preventable behaviors, such as alcohol abuse and unprotected sexual intercourse. The increasing cost of health care demands that youth be taught to adopt and maintain healthy behaviors. School health programs are essential to attaining this goal. The results of the 1995 Idaho Youth Risk Behavior Survey are described in this report. It summarizes 2,726 high school students' responses taken from behavior questionnaires. The survey presents statistics on the following behaviors: seat belt use; motorcycle, bicycle, and motor vehicle safety; violence in schools; suicide; tobacco, alcohol, and other drug use; sexual behaviors; HIV education; dietary behaviors; and physical activity. Results show that the youth who participated in the survey have engaged in behaviors which put them at risk for many significant health and social problems. For example, nearly one third of all students responding had recently ridden in a car driven by someone else who had been drinking alcohol (motor vehicle crash injuries are the leading cause of death among youth ages 15 to 24 in the United States). Nearly one fourth of all students responding had seriously considered suicide (the second-leading cause of death among youth, aged 15-24, in Idaho is suicide). An 18-point "Healthy Schools Checklist" is included for use in evaluating the effectiveness of a school's health program. Contains 15 references. (RJM)

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1995 Idaho Youth Risk Behavior Survey

Summary Report

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Introduction

Many of the health problems experienced by youth are caused by preventable behaviors, ranging from seatbelt non-use, to alcohol abuse and unprotected sexual intercourse. Tobacco use, poor dietary patterns, and physical inactivity, which are behaviors established during youth, lead to health problems later in life. The increasing costs of health care demand that our youth be taught to adopt and maintain healthy behaviors. School health programs are essential to attaining this goal.

Effective school health programs incorporate eight interdependent components:

- comprehensive school health education
- school health service programs
- healthy school environment
- physical education program
- school psychology/counseling program
- school nutrition/food service program
- worksite health promotion program
- integrated school and community resources

School-based comprehensive health education is the cornerstone of successful school health programs. Planned, sequential, kindergarten through grade 12 instruction which integrates health education about each of the priority health risk behaviors can be more effective than school efforts to address single categorical topics (e.g. drugs, HIV).

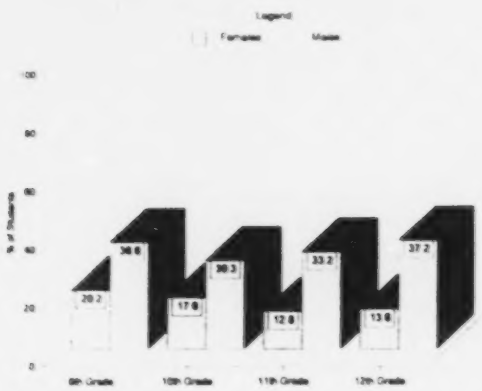
This brochure summarizes the results of the *1995 Idaho Youth Risk Behavior Survey*, which was completed by 2,726 Idaho high school students during the spring of 1995. Health education researchers at the University of Utah conducted the surveys. The results should not be generalized to other students in Idaho. Nonetheless, the results provide an important description of the priority health-risk behaviors of the survey participants.

Hopefully, this brochure will stimulate useful discussions among educators, parents, and youth across Idaho about ways to increase informed support for effective, school-based comprehensive health education programs. This report also provides information to assist in the design of effective school health programs.

Seat Belt Use

Seat belt use is estimated to reduce motor vehicle fatalities by 40% to 50% and serious injuries by 45% to 55% (National Committee for Injury Prevention and Control, 1989).

- 33.7% of all males and 16.6% of all females never or rarely wore seat belts when riding in a car driven by someone else.



Percentage of Students Surveyed Who Never or Rarely Wore Seatbelts
When Riding in a Car Driven by Someone Else

Motorcycle and Bicycle Safety

Head injury is the leading cause of death in motorcycle and bicycle crashes (National Committee for Injury Prevention and Control, 1989).

- 46.6% of the students who rode a motorcycle during the 12 months prior to the survey never or rarely wore a helmet.
- 91.1% of the students who rode a bicycle during the 12 months prior to the survey never or rarely wore a helmet.

Motor Vehicle Safety

Motor vehicle crash injuries, more than half of which involve alcohol, are the leading cause of death among youth aged 15-24 in the United States (National Highway Traffic Safety Administration, 1988). In 1994, 56 Idaho residents aged 15 to 24 died in motor vehicle traffic accidents (Center for Vital Statistics and Health Policy, 1996).

- In the 30 days prior to the survey nearly one-third (30.8%) of all students rode in a car driven by someone else who had been drinking alcohol.
- 28.8% of 12th grade males and 15.8% of 12th grade females drove a car during the 30 days prior to the survey when they had been drinking alcohol.

Carrying of Weapons

Approximately nine out of ten homicide victims in the United States are killed with a weapon of some type, such as a gun, knife, or club. Homicide is the second leading cause of death among all adolescents and young adults (National Center for Health Statistics, 1990). In 1994, homicide was the third leading cause of death among Idaho residents aged 15 to 24 years old (Center for Vital Statistics and Health Policy, 1996).

- 41.5% of all male students and 9.1% of all female students carried a weapon on one or more of the 30 days prior to the survey.
- One in four 12th grade male students carried a gun on one or more of the 30 days prior to the survey.
- 22.5% of male students and 5.6% of female students carried a weapon on school property on one or more of the 30 days prior to the survey.

Violence in Schools

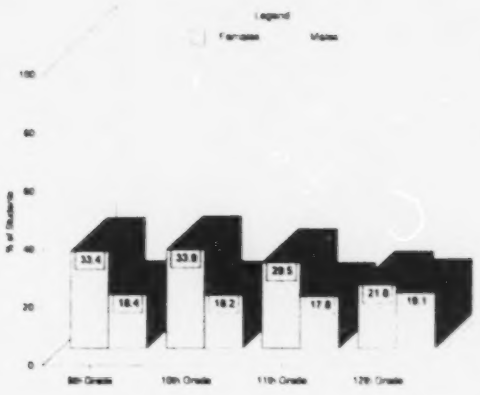
In 1994, 137 of 167 (82%) deaths among Idaho residents aged 15 to 24 were due to homicides, suicides, and accidents (Center for Vital Statistics and Health Policy, 1996).

- 9.3% of all students surveyed were threatened or injured with a weapon on school property in the 12 months prior to the survey.
- Over one-third (38.2%) of all students had property stolen or deliberately damaged on school property during the 12 months prior to the survey.
- 46.5% of all male students and 25.6% of all females students were in a physical fight on one or more occasion during the 12 months prior to the survey.

Suicide

In Idaho, suicide is the second leading cause of death among youth between the ages of 15 and 24. During 1994, 32 Idaho residents aged 15-24 died as a result of suicide (Center for Vital Statistics and Health Policy, 1996).

- Approximately one-fourth (24.3%) of all students seriously considered attempting suicide during the 12 months prior to the survey.
- 18.4% of 9th grade males and 33.4% of 9th grade females seriously considered attempting suicide during the 12 months prior to the survey.
- 17.9% of 9th grade females and 9.0% of 12th grade females actually attempted suicide one or more times during the 12 months prior to the survey.



Percentage of students who seriously considered attempting suicide during the 12 months prior to the survey.

Tobacco Use

National estimates indicate smoking-related illnesses accounted for nearly one in five deaths in 1990 (Office of Technology Assessment, 1993). Each year in the U.S., more than 947 million packs of cigarettes and 26 million containers of smokeless tobacco are sold illegally to young people under the age of 18. This accounts for $1.26 billion in annual sales and generates $221 million yearly in tobacco industry profits (Difranza and Tye, 1990).

- Nearly two-thirds (63.1%) of all male students and one-half (50.6%) of all female students have tried cigarette smoking.
- 27.1% of all students smoked cigarettes on one or more of the 30 days prior to the survey.
- One in ten students were not asked to show proof of age when they bought cigarettes in a store during the 30 days prior to the survey.
- 21.7% of all male students used chewing tobacco or snuff on one or more of the 30 days prior to the survey.

Alcohol Use

Alcohol is a major factor in approximately half of all homicides, suicides, and motor vehicle crashes (Perrine, Peck, and Fell, 1988). National estimates indicate that in 1991, more than 5 million high school students had ever consumed 5 or more drinks on one occasion, 3 million did so within the month preceding the survey, and 454,000 did so at least once a week (National Institute of Health, 1991).

- 61.9% of all students have had at least one drink of alcohol during their life.
- 76.2% of 12th grade males and 60.5% of 9th grade males have had at least one drink of alcohol during their life.
- Over one-third (36.5%) of 12th grade females and nearly half (49.1%) of 12th grade males had at least one drink of alcohol during the 30 days prior to the survey.

Other Drug Use

Although improvements have been made in recent years, illicit drug use is greater among high school students and other young adults in the U.S. than in any other industrialized nation (Johnston, O'Malley, and Bachman, 1989).

- 20.1% of all male students and 14.5% of all female students used marijuana at least once during the 30 days prior to the survey.
- 7.1% of 9th grade females and 1.5% of 12th grade females used marijuana for the first time before age 13.
- 6.3% of all students used marijuana on school property one or more times during the 30 days prior to the survey.

Sexual Behaviors

Approximately 6% of Idaho females aged 15-19 became pregnant in 1994, resulting in 2,745 pregnancies (live births, stillbirths and induced abortions), including 2,309 live births. Of the 2,309 live births, 55.1% were out-of-wedlock. (Center for Vital Statistics and Health Policy, 1996).

During 1994 in Idaho, 884 new cases of chlamydia and 42 new cases of gonorrhea were reported for youth aged 15 to 20 years old. Additionally, 89 new cases of herpes and 2 new cases of syphilis were reported for the same group (Department of Health and Welfare, 1995).

- 41.8% of all male students and 32.9% of all female students have had sexual intercourse.
- 22.9% of 12th grade males and 10.3% of 12th grade females have had sexual intercourse with four or more people.
- Of the students who had sexual intercourse during the previous three months, 48.4% used a condom during their last sexual intercourse.
- One in ten students used alcohol or drugs before their last sexual intercourse.
- 21.3% of 12th grade males and 9.3% of 12th grade females used alcohol or drugs before their last sexual intercourse.

HIV Education

HIV education directed at youth is critical as many misconceptions exist regarding HIV infection. "One national survey found that 86% of eighth and tenth graders understand the importance of condoms - but another study showed that 12% of all high school students believe birth control pills provide some protection against HIV, and 23% think they can eyeball their sexual partner and pronounce him or her risk-free." (France, 1995).

- 87% of 12th grade students and 82% of 9th grade students have been taught about AIDS or HIV infection in school.
- 65% of female students and 56% of male students have talked about AIDS or HIV infection with their parents or other adults in their family.

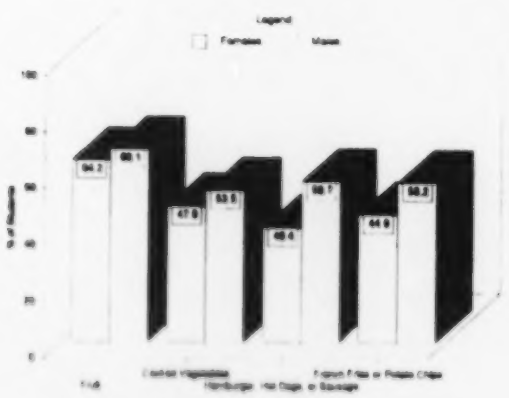
Dietary Behaviors

Unhealthy dietary habits developed during adolescence increase the risk for chronic conditions such as diabetes, heart disease, high blood pressure, stroke, some cancers, and gallbladder disease (Public Health Service, 1988).

- 3% of all male students and 9% of all female students vomited or took laxatives to lose weight or keep from gaining weight during the 30 days prior to the survey.

On the day before the survey:

- 68% of all males and 64% of all females ate fruit.
- 35% of all males and 32% of all females ate green salad.
- 54% of all males and 48% of all females ate cooked vegetables.
- 56% of all males and 45% of all females ate french fries or potato chips.
- 67% of all males and 64% of all females ate cookies, doughnuts, pie, or cake.

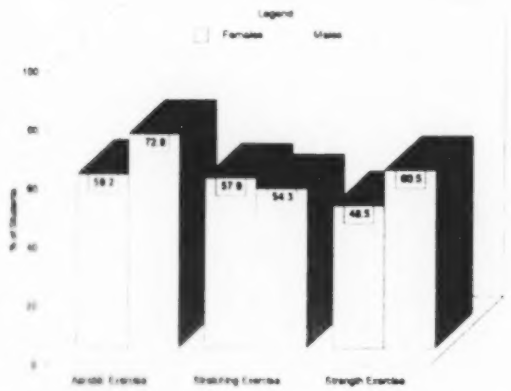


What Students Ate the Previous Day

Physical Activity

Regular physical activity increases life expectancy and can assist in the prevention and management of coronary heart disease, hypertension, diabetes, osteoporosis, obesity, and mental health problems (Harris, Casperson, DeFriese, and Estes, 1989). The quantity and quality of school physical education programs have a significant positive effect on the health-related fitness of children (U.S. Department of Health and Human Services, 1985, 1987).

- 73% of male students and 59% of female students participated in sports activities for at least 20 minutes that made them sweat or breathe hard on 3 or more of the 7 days prior to the survey.
- 45% of male students and 40% of female students attended physical education class daily.
- 39% of all students exercised or played sports for more than 20 minutes during the average physical education class.
- 38% of all male students and 72% of all female students exercised to lose weight or keep from gaining weight during the 30 days prior to the survey.



Percentage of students who exercised on 3 or more of the 7 days prior to the survey

School Health Education

Conclusions

Results of the 1995 Idaho Youth Risk Behavior Survey indicate that the youth who participated in the survey have engaged in behaviors which put them at risk for many significant health and social problems. These behaviors and their consequences can be prevented by teaching youth how to adopt and maintain healthy behaviors. While this teaching begins in the home, schools can reinforce the concepts learned at home and provide repeated opportunities for children to

practice healthy behaviors in a broader social context.

Prevalence of risky behaviors are shown in this report separately for each survey question or topic. However, different types of risky behaviors correlate strongly together. The same Idaho youth that engage in one type of risky behavior are likely to engage in others. This fact has important implications for the provision of comprehensive school health education. Successful school health programs incorporate appropriate policies, classroom instruction, staff development, and parent and community involvement. Students, parents, educators, and communities can use the checklist below to become familiar with key components of successful programs, to rate their school's program, and to participate meaningfully in the planning, implementation, and evaluation of school health education program enhancements.

Healthy Schools Checklist

How effective are your school's health policies?

- Are your school's health policies written documents which clearly define and describe in detail each component of successful health programs?
- Are your school's health policies written in collaboration with students, parents, educators, and community groups?
- Are your school's health policies communicated in writing to all students, parents, educators, and community groups?
- Are your school's health policies enforced equitably and consistently?
- Are your school's health policies evaluated for appropriate implementation and effectiveness?
- Are your school's health policies periodically reviewed and updated to reflect state laws, evaluation results, and local needs?

How effective is your school's health instruction?

- Does your school's health instruction address the full range of health topics including behaviors that lead to intentional and unintentional injury, tobacco use, alcohol and other drug use, unintended pregnancies and sexually transmitted diseases, unhealthy diets, and physical inactivity?
- Does your school provide instruction in separate courses devoted mainly to health education topics?
- Does your school require health instruction for advancement or graduation for all students?
- Does your school incorporate a planned sequential K-12 health curriculum?
- Does your school allow for adequate health instruction at each grade level?
- Is your school's health instruction taught by school staff qualified to teach health education?
- Does your school incorporate well-planned, ongoing health teacher training and followup?
- Does your school's health instruction program involve the full range of school and community groups?
- Do decisions about your school's health instruction program encourage meaningful

involvement among parents and community members in planning and implementing program activities?

How effective are other components of your school's health program?

- Does your school provide a safe environment free from hazards, drugs, tobacco, and violence?
- Does your school provide reinforcement for healthy behaviors?
- Does your school actively identify and remove or reduce barriers to success?

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